

Work Order ID 98658

Tuesday, March 19, 2013 1:00:58 PM

98658

skip today if possible
Page 1

Item ID: D4130-9

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Aft Cargo Floor Protector

Stop

NS2

Start Date: 3/19/2013 **Start Qty:** 3.00

3

Cust Item ID:

Required Date: 3/20/2013 **Req'd Qty:** 3.00

3

Customer:

Reference:

Approvals: Process Plan: *MF*

Date: *13-3-19*

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--|----------------------------------|------------------------------|----------------|---------------|----------------------|-----------------------|-----------------------|--------------------------|------------------------|
|--|----------------------------------|------------------------------|----------------|---------------|----------------------|-----------------------|-----------------------|--------------------------|------------------------|

| Draw Nbr | Revision Nbr |
|-----------------|---------------------|
|-----------------|---------------------|

| | |
|-------|---|
| D4130 | B |
|-------|---|

| | |
|-----|--|
| 100 | |
|-----|--|

| | |
|--------------|----------------|
| *100* | FLOW WATER JET |
|--------------|----------------|

| | |
|----------|------|
| Waterjet | Memo |
|----------|------|

| | |
|-------------------|------------------|
| FLOW CNC Waterjet | I-Cut as per Dwg |
|-------------------|------------------|

Dwg Rev: B

Prog Rev: B

2-Deburr if necessary

| | |
|-----|--|
| 110 | |
|-----|--|

| | |
|--------------|---|
| *110* | QC2- Inspect parts off machine FAI/FAIB |
|--------------|---|

| | |
|----|------|
| QC | Memo |
|----|------|

| | |
|-----------------|--|
| Quality Control | |
|-----------------|--|

| | |
|-----|--|
| 120 | |
|-----|--|

| | |
|--------------|-----------------------------------|
| *120* | QC8- Inspect parts - second check |
|--------------|-----------------------------------|

| | |
|----|------|
| QC | Memo |
|----|------|

| | |
|-----------------|--|
| Quality Control | |
|-----------------|--|

0.00

0.00

0.00

0.00

0.00

0.00

*DAS
27
8*

B330

4

(DAS
05
9-89) 13-03-19

4

(DAS
05
9-89) 13-03-19

4

NCR: Yes / No

WORK ORDER NON-COMPLIANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

| Work Order: _____ | | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | |
|------------------------------|---------|------|-----|--|---|------------------------------------|--|---|--------------|--|--|
| | | | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | |
| | | | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | |
| | | | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | |
| | | | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear | | | | General | | | | | | | |
| Bending | General | | | Grain <input type="checkbox"/> | Ovalized <input type="checkbox"/> | | | Pressure/Forced <input type="checkbox"/> | | | |
| Centre Not Concentric to O/S | | | | Hardware <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | | | Temperature/Cure <input type="checkbox"/> | | | |
| Cracks | | | | Inspection Incomplete <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | | | Weld <input type="checkbox"/> | | | |
| Crushed/Crimped | | | | Instructions Incomplete/Unclear <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | | | Wrong Stock Pulled <input type="checkbox"/> | | | |
| Cuffs | | | | Maintenance <input type="checkbox"/> | Part Moved <input type="checkbox"/> | | | | | | |
| Heat Treat | | | | Mislabeled <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | | | | | | |
| Inspection Strip in Tube | | | | Misread <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | | | | | | |
| Ripples in Bend | | | | Offset <input type="checkbox"/> | | | | | | | |
| Torque Waves in Extrusion | | | | Out of Calibration <input type="checkbox"/> | | | | | | | |
| Turning Sequence | | | | Out of Sequence <input type="checkbox"/> | | | | | | | |
| Wave/Twist in Tube | | | | Outside Dimensions <input type="checkbox"/> | | | | | | | |
| | | | | | | | | Other <input type="checkbox"/> | | | |

Work Order ID 98658

Tuesday, March 19, 2013 1:00:58 PM

98658

Page 2

Item ID: D4130-9

Accept

Revision ID:

Item Name: Aft Cargo Floor Protector

Start Date: 3/19/2013 Start Qty: 3.00

3

Required Date: 3/20/2013 Req'd Qty: 3.00

3

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
Description

130

130

Packaging

Packaging

Identify as per dwg & Stock Location: _____

Set Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
StampPPP
98658

0.00

0.00

13/3/20 (4)

140

140

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/3/20 JJ

MF

13-3-20

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | |
|---|------|------|---|---|--|---|---------------------------------|--------------|--------------|---|--|
| | | | Rework Scrap Use-as-is Work Order Update | Skid-tube Machining Thermoforming Large Fab | Crosstube Small Fab Finishing Composite | Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier | Engineering Quality Other | | | | |
| Part No. _____ NCR No. _____ | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/> | |
| | | | | | | | | | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | |
| | | | | | | | | | | <input type="checkbox"/> Other | |

Picklist Print

Tuesday, March 19, 2013 1:00:58 PM

Page 1

Work Order ID: 98658

Parent Item: D4130-9

Parent Item Name: Aft Cargo Floor Protector

Start Date: 3/19/2013

Required Date: 3/20/2013

Start Qty: 3.00

Required Qty: 3.00

Comments: IPP Rev:A 10.06.08 new issue DD verf:EC

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

MLEXS.125-F60029-04

GE PLASTICS LEXAN SHEET

Purchased

No

100

sf

2,308.6640

5.882

18.574737

13.03.19

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
|----------|---------|----------|

MAT018

2308.664

124654
124866

644.664

1664

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

| Work Order: | | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | | | |
|---|------|------|-----|---|--|---|--|---------------------------------|--------------|--|--|---|--|--------------------------------|--|
| | | | | Rework Scrap Use-as-is Work Order Update | Skid-tube Machining Thermoforming Large Fab | CrossTube Small Fab Finishing Composite | Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier | Engineering Quality Other | | | | | | | |
| Part No. _____ NCR No. _____ | | | | | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | | | | |
| Doc/Data | | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | | | |
| | | | | | | | | | | | | | | <input type="checkbox"/> Other | |

| | | |
|---|---------------------|--------------------|
| DART AEROSPACE LTD | Work Order: | 986056 |
| Description: Aft Cargo Floor Protector | Part Number: | D4130-9 |
| Inspection Dwg: D4130 Rev: B | | Page 1 of 1 |

FIRST ARTICLE INSPECTION CHECKLIST

27

| | | | | | |
|--------------|-------------|-------------|----------------|-----------------------|--|
| Measured by: | <u>M.M.</u> | Audited by: | <u>27-8-20</u> | Preliminary Approval: | |
| Date: | 13-03-19 | Date: | 13-3-20 | Date: | |

| Rev | Date | Change | Revised by | Approved |
|------------|-------------|-----------------|-------------------|---|
| A | 10.10.25 | New Issue | KJ |  |
| B | 12.05.15 | Dwg Rev updated | KJ |  |

NCR: Yes / No

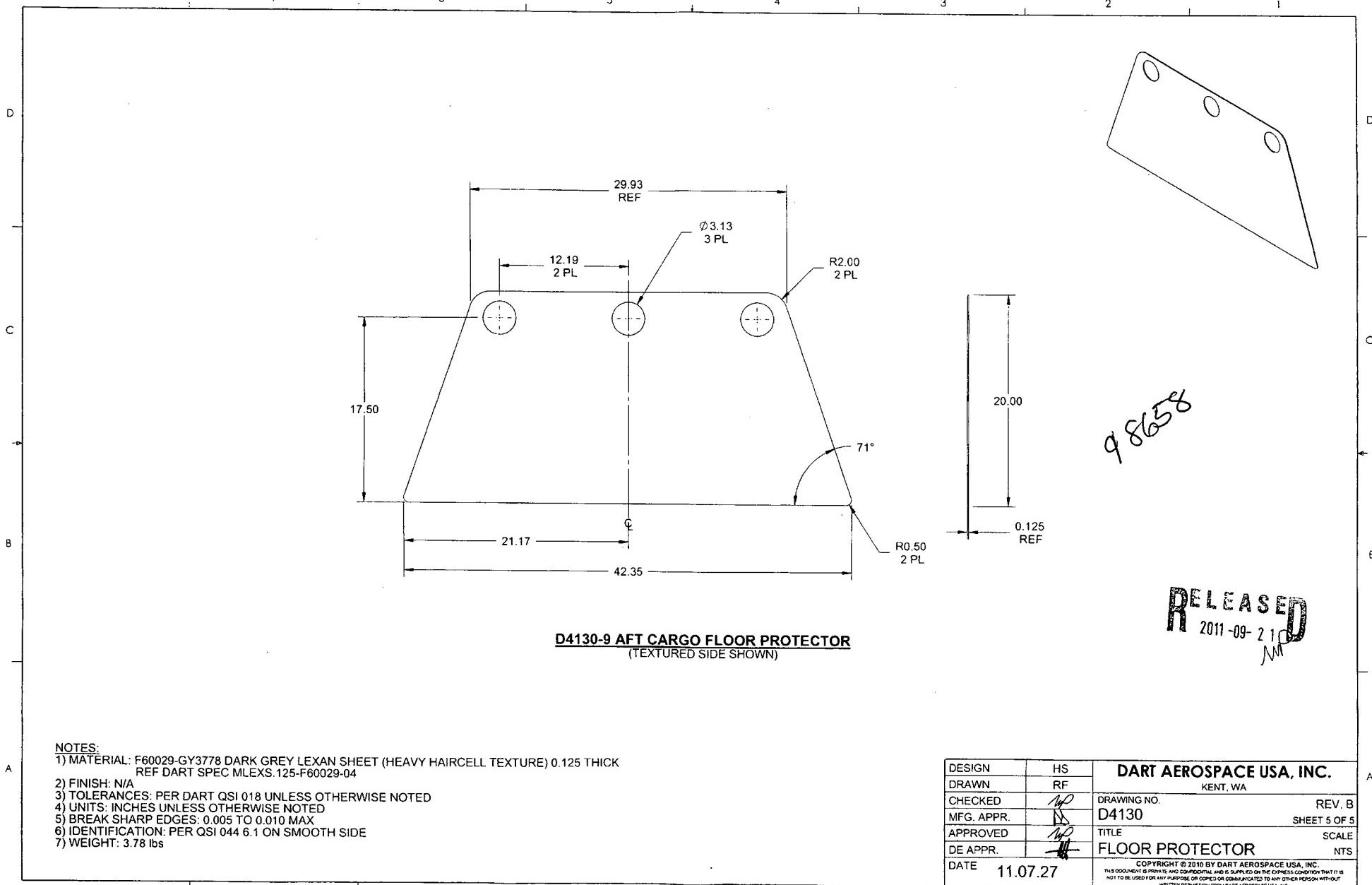
DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | | |
|---|------|------|---|---|--|---|---|--------------|--------------|--|--|---|--|
| | | | Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | | |
| Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/> | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | |

8 7 6 5 4 3 2 1



| | | | | | |
|---|------------|---------------------------------|-------|--|--|
| DESIGN | HS | DART AEROSPACE USA, INC. | | | |
| DRAWN | RF | KENT, WA | | | |
| CHECKED | <i>140</i> | DRAWING NO. | | | |
| MFG. APPR. | <i>140</i> | REV. B | | | |
| APPROVED | <i>140</i> | D4130 | | | |
| DE APPR. | <i>140</i> | SHEET 5 OF 5 | | | |
| DATE 11.07.27 | | TITLE | SCALE | | |
| | | FLOOR PROTECTOR | | | |
| NTS | | | | | |
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8 7 6 5 4 3 2 1

DQA: _____ Date: _____

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | |
|---|------|------|---|---|--|---|---------------------------------|--------------|--------------|--|---|--------------------------------|
| | | | Rework Scrap Use-as-is Work Order Update | Skid-tube Machining Thermoforming Large Fab | Crosstube Small Fab Finishing Composite | Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier | Engineering Quality Other | | | | | |
| Part No. _____ NCR No. _____ | | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | |
| Doc/Data | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | |
| Material | - | | | | | | | | | | | |
| Setup | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| Process | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | |
| Training | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Other |